Productivity Commission
Preliminary Findings Report:
Identifying Human Service for Reform

Bupa Submission

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Executive Summary

Bupa Australia and New Zealand welcomes the opportunity to provide feedback on the Productivity Commission's Preliminary Findings Report on reforms to increase competition, contestability and informed user choice in human services. Our feedback reflects and builds on elements of our original submission to the Inquiry.

Bupa supports the Commission's findings that greater competition, contestability and informed user choice could improve outcomes in many, but not all, human services, and the general direction taken in identifying the six human services where well-designed reform could offer the greatest improvements in community wellbeing.

We believe the default position with respect to the delivery of human services in Australia should encourage open and contestable markets that seek to foster competition from competent service providers. Competition in the health system should focus on delivering value based health care that improves the wellbeing of patients.

Bupa contends improved information symmetry can drive improvements in the quality of care at the clinical and hospital levels, as services respond to the expectations and demands of informed users.

Bupa supports the findings that introducing greater user choice and contestability in **public hospital services** could, as part of a wider range of reforms, lead to better outcomes for patients.

The Commission's suggestion to improve outcomes for patients, and to lower costs, by matching the practices of better-performing hospitals within Australia has merit and is worthy of further consideration.

Bupa considers data on performance is fundamental to increasing informed user choice. Performance indicators for health practitioners can be complex and potentially sensitive, but are highly valuable. It is critically important that the data is comparable, reliable, appropriately aggregated, benchmarked, and is risk-adjusted to account for external factors such as more complex client case-loads.

Bupa supports the Commission's finding that placing greater emphasis on user choice could help to better satisfy patient preferences regarding the setting, timing and availability of **palliative care**. The available evidence suggests that early referral to palliative care can lead to less aggressive care at end of life, improvements in quality of life, longer survival and more efficient use of health care dollars.

Bupa is exploring how it can substitute palliative services currently funded on an inpatient basis and repurpose these benefits to deliver better home care options.

As a first step in raising awareness about palliative care, we believe the Commission should recommend the Government commence a sensitive and mature discussion with the community on end of life care, with a view to giving people dignity, respect and the choice to die where they want to die.

Bupa supports the Commission's finding that the introduction of greater competition, contestability and user choice in **public dental services** could lead to better outcomes for patients and the wider community, and that service provision could be made more contestable by inviting bids from non-government providers to operate public dental clinics.

Preventing or delaying chronic disease is a key priority for the Australian health system. An initial step would be to better target access to publicly subsidised dental care to low income families, supported by school and community based measures to encourage families to take up the scheme.

We concur with the Commission's assessment that no case has been made that additional quality or safety regulations would be required to safeguard consumers.

We question the notion that **not for profit organisations** are necessarily better suited to human service delivery because they are not driven by a profit imperative. This is not to say that all for profit entities are best suited to deliver human services. Decisions concerning the suitability of service providers should be based on evidence regarding performance, including their experience in delivering care, the outcomes produced and value to the user and funders.

We believe thorough **consultation with experts** in human services delivery is paramount to develop sustainable policy and funding arrangements, and avoid unintended consequences that may impact directly on users of these service, who are often Australia's most vulnerable.

Bupa supports the Commission's finding that **high quality data** are central to improving the effectiveness of human services.

In addition to the issues raised in the Preliminary Findings Report, we reiterate our call to the Commission to undertake a **review of the private health system** and how it relates to the public system. Without a detailed review of how both systems interrelate, Australia's entire health system will continue to operate at less than optimum levels.

The Commission is encouraged to consider the Government's recent aged care funding reforms, and the implications they present to the future palliative care needs of residents with complex conditions.

About Bupa Australia and New Zealand

We are part of the global health and care group of companies, Bupa. Our purpose is *longer, healthier, happier lives*. We do not have shareholders and this allows us to reinvest our profit into more and better healthcare to deliver our purpose to around 32 million customers globally.

In Australia and New Zealand, we are an increasingly diverse health and care company. In addition to our health, travel, pet, car, home and life insurances, we operate dental clinics, aged care homes, retirement villages, optical stores, general practice (GP) clinics, rehabilitation centres, wellness and medical visa services.

Bupa is the largest privately-owned health insurance provider in Australia, supporting more than 4.7 million customers in their health and wellbeing.

We provide care for more than 6,500 residents across a growing network of more than 70 care homes in Australia.

We deliver a wide range of services for our customers through Australia's largest network of nearly 230 Bupa owned dental clinics, 36 optical stores and expanding audiology services. In addition, we provide medical assessment services to some 250,000 visa applicants annually through our national network of purpose built medical centres on behalf of the federal government.

We are also making a difference through our Bupa Health Foundation. As one of Australia's leading corporate foundations dedicated to health, it is committed to improving the health of the Australian community and ensuring the sustainability of affordable healthcare through collaborative partnerships.

Over the past 10 years, the Foundation has invested over $26 million in more than 100 projects that focus on translating Australian research into real health and care improvements.

Preliminary Findings Report - Key Findings

Improving Outcomes in Human Services

Greater competition, contestability, and informed user choice could improve outcomes in many, *but not all*, human services.

Bupa supports the Productivity Commission's proposition that greater competition, contestability and informed user choice could improve outcomes in many, but not all, human services. For some human services, we acknowledge the demand may be too specialised, given some user populations may be too small or located in geographically isolated regions, for example, to enable non-government providers to maintain suitable service deliver models over the long term.

Competition and Contestability

We believe the default position with respect to the delivery of human services in Australia should encourage open and contestable markets that seek to foster competition from competent service providers. Competition and contestable markets should always be viewed as the mechanisms that generate improved outcomes for the users of human services, and not objectives in themselves.

Currently, competition in the delivery of health services is focused on the number of patients being treated, minimising negative patient outcomes and reducing the overall costs to the system. While these are worthy objectives, the overarching focus of competition in the health system should be on delivering value based health care that improves the wellbeing of patients. We believe this can be achieved by moving away from the current fee for service remuneration model and linking health system payments to improved clinical outcomes for patients.

While a fee for service model may be suitable for other human services, Australia's health system is not best served by persisting with a remuneration model that encourages over-utilisation of services and has no bearing on patient health outcomes.

User Choice

In relation to user choice, Bupa contends that improved information symmetry can drive improvements in the quality of care at the clinical and hospital levels, as service providers respond to the expectations and demands of better informed users. We make further observations about improving transparency and empowering consumers later in this submission.

The Commission's preliminary finding is that there are six priority areas where introducing greater competition, contestability and informed user choice could improve outcomes for people who use human services, and the community as a whole.

Bupa supports the general direction the Commission has taken in identifying the six human services where well-designed reform could offer the greatest improvements in community wellbeing.

Priority Areas

Public hospital services

Bupa supports the findings that introducing greater user choice and contestability in public hospital services could, as part of a wider range of reforms, lead to better outcomes for patients.

The Commission's suggestion to improve outcomes for patients, and to lower costs, by matching the practices of better-performing hospitals within Australia has merit and is worthy of further consideration. We note that significant variations in the performance and efficiency of our hospitals were highlighted in reports by the Grattan Institute and the National Health Performance Authority (NHPA).

- Grattan, in its report *Questionable Care: Avoiding Ineffective Treatment*, identified that too many patients in some Australian hospitals received unnecessary treatments. It found that some hospitals provide these procedures at 10 to 20 times the average rate, at great cost to patients and the community[1].

- The NHPA reported a significant variance in the cost of providing a notional 'average' service for patients admitted due to serious illness at 47 major metropolitan hospitals. Data shows costs can

1 Duckett, S., Breadon, P, Romanes, D. Fennessy, P., Nolan, J. 2015, Questionable care: Stopping ineffective treatments, Grattan Institute.

be almost twice as high depending on which public hospital the patient was admitted to (eg. $3,100 at one hospital compared to $6,100 at another).[2]

We believe a transparent national continuous quality improvement program is required to measure and report hospital and clinician performance outcomes, adjusted to the risk profile of patients treated.

Performance indicators for health practitioners can be complex and potentially sensitive, but are highly valuable. It is critically important that the data is comparable, reliable, appropriately aggregated, benchmarked, and accounts for external factors such as more complex client case-loads. Once developed, performance indicators could be used professionally to support peer review, and externally to support patient choice. Data could be made publicly available through a 'mydoctor' or myhealthprovider' site, comparing health outcomes and costs. Bupa feels this data is fundamental to increasing informed user choice.

Such an approach will better inform users of public hospitals to exercise competitive pressure on underperforming hospitals, while at the same time enabling these hospitals, on an ongoing basis, to identify and adopt best practices. Bupa supports the Commission's finding that transparent arrangements should be implemented for replacing senior management in cases of chronic underperformance of public hospitals.

In support of patient choice and equity of access, we endorse the National Statement on Health Literacy produced by the Australian Commission on Safety and Quality in HealthCare (ACSQHC). ACSQHC notes only about 40 per cent of adults have the level of individual health literacy needed to meet the complex demands of everyday life, and that low individual health literacy is associated with higher rates of hospitalisation and emergency care, and with higher rates of adverse outcomes generally.[3] Bupa supports improved health literacy to aid the provision and interpretation of user-oriented health data by consumers.

As noted previously, however, we believe it would be more effective for the Commission to look not only at public hospitals, but to review how the private health system relates to the public system with the aim of achieving greater consistency, increased access to services for users and efficiencies in its operation.

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2 National Health Performance Authority 2016, Hospital Performance: Costs of acute admitted patients in public hospitals from 2011–12 to 2013–14 (In Focus).

3 Australian Commission on Safety and Quality in HealthCare 2014, Health Literacy National Statement.

Specialist palliative care

Bupa supports the Commission's finding that placing greater emphasis on user choice could help to better satisfy patient preferences regarding the setting, timing and availability of palliative care. We acknowledge this is a complex matter that has different meanings among health professionals, as well as patients, their families and carers.

With an ageing population, it is becoming increasingly important that we consider what is the best end of life care. Care should be provided in a manner that gives people dignity, respect and the choice to die where they want to die. In a recent Bupa consumer survey, 86% of members agreed that end of life care should be more openly discussed in the community. But this is not the model we currently have.

The recent Grattan Report *Dying Well*[3] identified many deficiencies including that:

- dying in Australia is more institutionalised than in most countries - 70% of Australians want to die at home yet only 14% do so[4];
- Australians die at home at half the rate that people do in New Zealand, the United States, Ireland and France;
- most people do not speak up about the way they would like to die, which means they often experience a disconnected, confusing and distressing array of services, interventions and relationships with health professionals, imposing stress on individuals and families at an already difficult time.

In the next 25 years the number of Australians who die each year will double[5]. It is therefore imperative to consider how best to improve end of life care in Australia. The available evidence suggests that early referral to palliative care can lead to less aggressive care at end of life, improvements in quality of life, longer survival and more efficient use of health care funding.

Currently Bupa funds palliative care services provided through in-patient settings in private hospitals, in medical wards, high dependency wards and intensive care units. At this point in time, very few private hospitals have sought to establish, and seek specific funding for, community based palliative care settings. Bupa believes it should be a priority for government to explore how to better incentivise the delivery of palliative services at home or in the community rather than on an inpatient basis which currently is the predominant delivery setting. Consistent with this direction, Bupa is exploring how it can substitute palliative services currently funded on an inpatient basis and repurpose these benefits to delivery better home care options.

Bupa also contends more work is required to socialise issues related to end of life within the Australian community. This approach is consistent with the Commission's finding that greater emphasis is required to improve informed user choice. Many people could benefit through earlier engagement in

[3] Swerissen, H and Duckett, S., 2014, Dying Well. Grattan Institute
[4] Auditor General, Palliative Care, 2015
[5] Swerissen, H and Duckett, S., 2014, Dying Well. Grattan Institute

discussions about their end of life needs. To delay or avoid these discussions risks people engaging with palliative care too late, which means they might have poorer and more limited options.

We consider improving the reporting on the matters important to patients and carers and families, as well as clinicians and health services may generate greater awareness and acceptance of palliative care. As well, we expect an enhanced awareness of palliative care options may result in an increase in more appropriate resource utilisation. This has the potential to reduce overall costs on the basis that, more often, the right care will be delivered at the right place, and at the right time.

As a first step in raising awareness about palliative care, we believe the Commission should recommend the Government commence a sensitive and mature discussion with the community on end of life care, with a view to giving people dignity, respect and the choice to die where they want to die. Further commentary on palliative care and Bupa's current approach is provided at Attachment A.

Public dental services

Bupa supports the Commission's finding that the introduction of greater competition, contestability and user choice in public dental services could lead to better outcomes for patients and the wider community, and that service provision could be made more contestable by inviting bids from non-government providers to operate public dental clinics.

We note the clear correlation between good oral health and good general health. Dental decay and gum disease are amongst the most prevalent chronic health conditions affecting society and are in the main, preventable[6]. The corresponding cost to society in morbidity, hospital admissions and lost opportunity costs are significant. This burden particularly affects the most vulnerable in society. This includes those in aged care facilities, the poor and those of indigenous origin.

Bupa supports the Australian Institute of Health and Welfare's view that preventing or delaying chronic disease is one of the most important priorities for the Australian health system.[7] An initial step would be to better target access to publicly subsidised dental care to low income families. Given the huge waiting list for public dental services, new schemes should be offered through both the public and private system, with cost-neutral funding arrangements. Along with subsidised dental care, there should be school and community based measures to encourage families to take up the scheme.

We concur with the Commission's assessment that no case has been made that additional quality or safety regulations would be required to safeguard consumers if there were to be greater competition, contestability and user choice in public dental services. Bupa Dental Corporation practices meet the requirements set by the Australian Dental Association and Quality Innovation Performance. This aligns

[6] Oral health and dental care in Australia, Key facts and figures 2012, Sergio Chrisopoulos (Research Associate), Jane Harford (Research Fellow), Australian Research Centre for Population Oral Health, The University of Adelaide.

[7] AIHW 2014. Australia's health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW. p347

dental practice policies, procedures and protocols with the National Safety Quality Healthcare Service Standards for service delivery, set by the Commonwealth Department of Health. Given this comprehensive regulatory framework, we see no case for further regulation in the delivery of public dental services in private practices.

Just as informed users would choose between competing private dental practices, private dental practices would determine whether to enter this market based on an assessment of their capacity to ensure ongoing, effective and sustainable service delivery. Such a proposition must be commercially viable to encourage private practice participation.

Bupa contends that transparent risk adjusted data is necessary to empower users to make informed choices in relation to their dental health needs. An objective assessment of the performance of dentists and practices will encourage more users to become more active in seeking earlier dental treatments. A better informed and active market will inevitably apply greater competitive tension on services providers to deliver improved user outcomes.

While Bupa supports greater competition by private dental practices in the provision of public services, further detailed consideration is required to avoid unintended consequences. In its current form, the Commission's proposal assumes adult and child dental benefits which is not the current funding mix. This assumption risks undermining population health and preventative activities by rewarding fee for service. It may also increase waiting lists in the private setting. We believe these risks can be managed, and arrangements can be implemented that reward improved clinical outcomes, as opposed to maintaining fee for service payments that have no bearing on competitive tension between service providers.

Improving Effectiveness of Human Services

Introducing greater competition, contestability and informed user choice can improve the effectiveness of human services.

We note some submissions to the Commission expressed concern about services becoming subject to greater competition, contestability, and user choice.

Of particular interest to Bupa is the idea that not for profit community-based organisations are better placed to provide services because they are closer to the communities they serve, are mission rather than profit driven, and will reinvest any surplus to support less profitable areas.

We question the general notion that not for profit organisations are necessarily better suited to human service delivery because a profit imperative does not drive them. This is not to say that all for profit entities are best suited to deliver human services. Decisions concerning the suitability of service providers should be based on evidence, including their experience in delivering care, the outcomes produced and value to the user and funders.

As well, we dispute the view that introducing greater contestability creates incentives for providers to focus on tender applications rather than on 'what works' for those in need of support.

Detailed and transparent tendering processes, along with robust open commissioning processes should support the selection of the most appropriate service providers. Adequate performance reviews are necessary to ensure service providers are meeting their objectives. This data would empower users to make more informed choices.

Underpinning Economic and Social Participation

Access to high-quality human services, such as health and education, underpins economic and social participation.

Bupa supports the Commission's view that community welfare is enhanced by the social cohesion and equity benefits of people having access to a minimum level of human services, regardless of their means or circumstances.

Reforms to human services should focus on improving the efficiency of Australia's health and care system and better directing resources to those in highest need. We believe this approach is consistent with community expectations and will support Australia's long established social safety net into the future.

Government stewardship is critical. This includes ensuring human services meet standards of quality, suitability, and accessibility, giving people the support they need to make choices, ensuring that appropriate consumer safeguards are in place, and encouraging and adopting ongoing improvements to service provision.

Bupa believes government has a responsibility to maintain standards concerning quality, suitability and access to human services. The challenge of reviewing and developing policy however must be supported by ongoing engagement with stakeholders.

Thorough consultation with experts in human services delivery is paramount to develop sustainable policy and funding arrangements, and avoid unintended consequences that may impact directly on users of these service, who are often Australia's most vulnerable.

High Quality Data

High quality data are central to improving the effectiveness of human services.

Bupa supports the Commission's finding that high quality data are central to improving the effectiveness of human services.

Currently, patients and their families do not have all the information they need to make informed choices about the health and care that is most appropriate for them, either in terms of treatment options or cost.

With rapid improvements in technology, medical breakthroughs and exponential growth in information sources, choices are only likely to get more complex in the future. We need better public information and greater transparency so that patients and their families can make informed health choices.

When adequate information on the costs and possible consequences of various treatments are presented to patients, they often opt for less invasive, lower cost options. Currently, however, even at the most basic level, there is little or no information to guide patients on their choice of hospital or specialist, let alone their charges or quality of outcomes. This type of information is available in other countries and should be made available in Australia.

Further Comment

In addition to our comments above, we would like to reiterate matters raised in our first submission related to the private health system and aged care.

Review of how the Private Health System relates to the Public System

Consistent with Bupa's original submission to the Inquiry, we reiterate our call for the Commission to undertake a review of the private health system and how it relates to the public system. The review would identify ways to reduce complexity, duplication and fragmentation, and consider how the private system could better support the public health system to improve affordability, quality of care and transparency. Such a review would also examine the most appropriate mix of funding for primary and secondary care. Without a detailed review of how both systems interrelate, Australia's entire health system will continue to operate at less than optimum levels.

Aged Care

We note the Commission's rationale not to identify aged care as a human service for reform in this Inquiry given the extensive review of the sector, undertaken in 2011. Bupa acknowledges the range of recommendations made in the *Caring for Older Australians* report, that, if implemented, would improve outcomes for users of residential aged care services and the community. We strongly support the Aged Care Roadmap, developed by the Aged Care Sector Committee, which aims to achieve a sustainable, consumer-led aged care market where consumers have increased choice and control of what care and support they receive.

We note that current Government policy may have the unintended consequence of undermining the Commission's intention to introduce greater competition and improved user choice to palliative care services.
Changes to the Aged Care Funding Instrument (ACFI) announced in the 2016 Budget aim to reduce higher than expected growth in aged care funding for residents with complex care needs. Bupa understands the Government's concern and agrees sustainable funding arrangements are required.

We are concerned, however, the ACFI changes will have a far greater negative impact on funding than has been modelled. Bupa believes the unintended consequence of this will see the sector struggle to continue to deliver high quality care for residents with complex care needs. Some providers are

expected to respond to a reduction in funding by refusing to care for residents with complex care needs or transferring residents to emergency departments, and thereby placing greater pressure on an already stretched public health system which faces ever increasing demands of an ageing population.

We believe aged care policy settings must focus on improving health outcomes for residents, and the ACFI changes may work against this.

Attachment A

Palliative Care

With the rapidly ageing Australian population, Bupa recognises that it is increasingly important that we explore models of palliative care that provide people with the choice to receive quality specialised palliative care services where and when they want, with dignity and respect.

Current gaps in palliative care in Australia include:

- identification, support and coordination of members with palliative and end of life needs;
- alternative options to hospitalisation;
- members being able to die in the place of their choice;
- 'Living and Dying Well' information, choices and education;
- carers education, support and respite options;
- access to home assistance services.

Bupa funds palliative care services provided through in-patient settings in private hospitals, in a small number of standalone hospices and dedicated palliative care wards. In addition, services are also provided in acute care settings in private hospitals, in medical and high dependency wards, and intensive care units. Very few private hospitals have established dedicated community based palliative care settings.

In recent times, a range of measures have been implemented to support older Australians to live in their homes for longer. This approach has meant people are now extending the time they enjoy living independently in the familiar surrounds of their family home. As a consequence, people are now entering into residential aged care later in life, and in more frail condition.

Under the Bupa Model of Care in our residential aged care homes, palliative care is delivered to our residents through a multidisciplinary leadership team, consisting of Clinical and Care Managers, Registered Nurses, a GP, in some homes, and a General Manager who all work together to proactively manage the health and wellbeing of our residents in a truly 'Person-First' way. Residents benefit greatly from this improved access to complex medical care, early referral to specialist and allied health services, early intervention for new and evolving conditions, continuity of care with a GP who is acquainted with the resident and family, and a reduction in the need to be unnecessarily transferred to hospital. The palliative care provided by this approach is also complemented with our close connections with palliative care outreach teams and our own Palliative Care Link Nurse in many of our homes.

In August 2016, Bupa and St Vincent's Private Hospital Brisbane began a two-year pilot - Bupa Palliative Care Choices Program - to deliver an innovative model where hospital based treatment is substituted with home-based palliative care that improves end of life care and offers greater choice. The Program will provide patients living within the Brisbane City Council area with individualised palliative care at their preferred location to improve their quality of life and better support their carers and family. Patients will have access to:

- multidisciplinary assessments and care planning as an outpatient or in their own home (including Residential Aged Care Facilities);

- specialist palliative care services at home and telephone support 24 hours a day;
- intensive palliative care services at home, including up to 12 hours a day of nursing support at any time, day or night, to help manage complex symptoms, the last few days of life and avoid any unnecessary hospital admissions.

This Program aims to improve access to highly specialised and comprehensive palliative care services so people can die at home, if that is their choice. It is hoped that this choice will lead to improved patient experience, more appropriate care and more efficient spend of the health dollar. An evaluation plan has been developed in partnership with St Vincent's Private Hospital. Bupa will use learnings from this pilot to work with other providers to explore how it can substitute palliative services currently funded on an inpatient basis and repurpose these benefits to deliver better home care options.

Bupa understands and supports St Vincent's Private Hospital's intention to engage with other health funds to offer the suite of specialised and comprehensive palliative care services available under this pilot. Bupa is keen to see other health funds engage in developing alternative models of palliative care to hospitalisation that meet the needs of privately insured patients.

In relation to access to home assistance services, Bupa contends that all aspects of palliative care in the home should be eligible for reinsurance including direct clinical provision, meals, home help, activities of daily living and care coordination, given each component of care is required to enable a person to be treated in the home instead of a hospital. In its current form, aspects of the legislation concerning reinsurance is outdates, and whilst technically some of these services may not fit within the boundaries of reinsurance, we believe they should.

The focus on the more efficient use of Bupa's expenditure is a critical aspect in our efforts to substitute in-patient hospital treatment with appropriate home-based palliative care that improves end of life care and offers greater choice. Private health insurance affordability remains a significant issue across the sector, with increased numbers of members downgrading their levels of cover, or dropping their private health insurance altogether. Delivering improved value for money for our members is a key consideration for Bupa in working on the development of alternative care models that meet the needs of our members. In part, this can be achieved if insurers have the flexibility to determine how they operate with the providers of their choice in purchasing substitutional care services. We believe this is best achieved without the implementation of default benefits.

It appears that another key barrier to achieving improvements in palliative care is the significant gaps in the literacy of health practitioners, particularly GPs and Specialists working in acute hospital settings. The focus of acute hospitals is generally on diagnosis and treatment with a view to 'cure' and discharge the patient. We currently hear many anecdotal stories of members receiving 'heroic' end of life care by medical practitioners to prolong life when this may be contrary to the member's desire. Bupa believes there are material benefits to be gained by patients if health practitioners engage in conversations about end-of-life care options, sooner than later.